



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000090416

**2. Name of Corporation** American Academy of Pediatrics - RI Chapter

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 299 MAJOR POTTER ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROMOTE THE HEALTH, SOCIO-ECONOMIC AND PSYCHOLOGICAL WELL BEING OF CHILDREN AND THEIR FAMILIES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	GREGORY FOX MD	290 HOPE STREET BRISTOL, RI 02809 USA
TREASURER	PETER POGACAR MD, FAAP	1377 SOUTH COUNTY TRAIL, 2B EAST GREENWICH, RI 02818 USA
SECRETARY	SARA FORD MD	27 WINDMILL LANE EAST PROVIDENCE, RI 02916 USA
VICE PRESIDENT	ALLISON BRINDLE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SUSAN DUFFY MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CHANDAN LAKHIANI MD	24 WINDSONG ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	ELIZABETH LANGE MD	82 LOCUST VALLEY ROAD EXETER, RI 02822 USA
DIRECTOR	CAROL LEWIS MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KRISTIN LOMBARDI MD	ONE HOPPIN STREET, SUITE 304 PROVIDENCE, RI 02903 USA
DIRECTOR	PATRICIA FLANAGAN MD	1425 DIPLOMAT DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	SHUBA KAMATH MD	19 EVERETT STREET PROVIDENCE, RI 02906 USA
DIRECTOR	NATALIE GOLOVA MD	56 LANCASHIRE DRIVE MANDFILED, MA 02048 USA
DIRECTOR	PAMELA HIGH MD	335R PRAIRIE STREET, 1A PROVIDENCE, RI 02905 USA
DIRECTOR	WILLIAM HOLLINSHEAD MD	123 MARTIN STREET REHOBOTH, MA 02769 USA
DIRECTOR	JENNIFER MANN MPH	299 MAJOR POTTER ROAD WARWICK, RI 02886 USA
DIRECTOR	ALLISON BRINDLE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CAROLINA CEREZO MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DIANE DERMARDEROSIAN MD	26 GREENWOOD AVENUE NEEDHAM, MA 02492 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JENNIFER L. MANN 299 MAJOR POTTER ROAD WARWICK , RI 02886

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 24 Day of June, 2021 at 11:11:41 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By GREGORY FOX, MD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved